

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 7/28/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
		Application Number	10/574,896-Conf. # 3390
		Filing Date	April 06, 2006
		First Named Inventor	Shuji IKEGAMI
		Examiner Name	A. COX
		Art Unit	3744
TOTAL AMOUNT OF PAYMENT	(\$ 940.00)	Attorney Docket No. 4633-0166PUS1	

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account: 02-2448				Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

<b>Fee Description</b>	<b>Small Entity Fee (\$)</b>
Each claim over 20 (including Reissues)	52 26
Each independent claim over 3 (including Reissues)	220 110
Multiple dependent claims	390 195

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
11 - 20 or HP	x	=		<b>Fee (\$)</b> <b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if greater than 20.				

  

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
2 - 3 or HP	x	=	
HP = highest number of independent claims paid for, if greater than 3.			

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	/50 =	(round up to a whole number) x	=	<b>Fees Paid (\$)</b>

**4. OTHER FEE(S)**

Non-English Specification: \$130 (no small entity discount)	
Other (e.g., late filing surcharge): \$251 Extension for response within first month	130.00

Other (e.g., late filing surcharge): \$251 Extension for response within first month

1801 Request for continued examination (RCE) (see 37 ... 810.00)

<b>SUBMITTED BY</b>		Registration No. (Attorney/Agent)	40,439	Telephone	(703) 205-8035	
Signature						
Name (Print/Type)	D. Richard Anderson				Date	November 22, 2010

